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**Queensland Health**

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File Ref: DG048561

Mr P Lawlor MP  
Chair  
Health Quality and Complaints Commission Select Committee  
Parliament House  
George Street  
BRISBANE QLD 4000

Dear Mr Lawlor

I refer to your letter dated 10 July 2007, requesting a submission to the Review of the Health Quality and Complaints Commission (HQCC) and *Health Quality and Complaints Commission Act 2006*.

I offer the following comments for the Committee's consideration –

1. Queensland Health strongly supports the role of the HQCC and its ongoing work in all key areas, including complaints management, monitoring and reporting on the quality of health, consumer engagement strategies, and making of standards and quality improvement processes.
2. Queensland Health was charged with responsibility for the establishment of the Health Quality and Complaints Commission as part of the implementation of the Health Action Plan, including the development of its enabling legislation.
3. The HQCC is a key part of the comprehensive system for ensuring quality and safety of health services in Queensland. It supports and complements other key measures taken by Queensland Health to improve the safety and quality of health services, including –
  - Establishment of the Statewide Patient Safety Framework;
  - Establishment of the Patient Safety Centre to lead state-wide safety initiatives, and appointment of 38 Patient Safety Officers around the state to ensure technical support and compliance;
  - Establishment of Area Clinical Governance Units to monitor performance, identify and act on variance, check on compliance with mandatory clinical standards (eg. clinical privileges, audit, peer review, concerns about clinicians) and support for quality improvement;
  - Development of the "Safe Doctors - Fair System" Project;
  - Development of a statutory framework to facilitate the conduct of 'root cause analysis' of adverse events;

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- Leadership in the Open Disclosure project, including training of senior clinicians to assist them to provide an appropriate institutional response to the needs of patients and family affected by serious adverse events;
  - Leadership in the legislative framework for the licensing of private health facilities including assisting HQCC in the development of a self assessment reporting system utilising components of the Private Health Unit Licensing System.
  - Implementation of the Queensland Health Clinical Governance Framework, incorporating the policies, processes and accountabilities that are directed at improving patient safety and quality, effectiveness and dependability of Queensland Health services; and
  - Establishment and support of Clinical Networks to ensure that clinicians are involved in working at a state level to improve patient outcomes through effective measurement, reducing variation, developing standards, assisting in service planning.
4. HQCC is working with Queensland Health to develop a memorandum of understanding to outline the respective roles and responsibilities of, and the relationship between the parties, in relation to the referral by the HQCC of health complaints and other matters about health services provided by Queensland Health. The MOU will set out procedures and working arrangements to assist the parties in relation to:
- the referral process;
  - management of referred complaints and investigations;
  - reporting the progress and results of any investigation or other action taken by Queensland Health in relation to a referred complaint or matter; and
  - sharing of information between the parties.
5. In relation to consultation on standards under section 22, the Review Committee is asked to note that the HCQQ engaged early with Queensland Health and Queensland Health staff about the broad priority areas for standards and some specific standards. The Standards as promulgated are different from those released in draft, indicating that the HQCC took note of responses in its consultation period. Some of the Standards are still attracting some concern in the field and will need further review. It should be noted that the HQCC released its final standards in the last week of June, only a few days before their effective date. The HQCC has indicated verbally that the real intended date of effect is some time in the future, but this is not the published position. The very short notice period given for the Standards is inappropriate. Queensland Health is still assessing the costs of implementation of the Standards, as are private organisations. The Review Committee might consider whether, in addition to the requirement under section 22(5) of the Act for the Commission to consult on draft standards, the Act should expressly provide for matters which the Commission must take into account in developing standards. For example, the cost and timing of implementation and the relative impact on large, medium and small providers.
6. Discussions with the Commission, clinicians and consumers during the drafting and subsequent dissemination of the first 5 standards set by the HQCC has identified a lack of clarity around what constitutes an appropriate level of response to performance based standards. It is likely that this will continue to be an issue in this early introductory phase as some health care providers perceive that the standards are absolute and prescriptive. It is recommended that the Committee consider this aspect of the application of the legislation.


7. In relation to consumer engagement, Queensland Health notes that the HQCC took early action to establish its Consumer Advisory Committee, and has established a web-based education and information service and complaints lodgement process. Queensland Health also acknowledges the HQCC's valuable role in nominating members of the Health Consumer Councils established under the *Health Services Act 1991*.
8. In relation to complaints investigation, Queensland Health notes that the HQCC often requires information to be provided within 7 to 10 days. This timeframe can place significant strain on clinical and administrative resources, potentially diverted from the ongoing provision of health services. The Review Committee is asked to consider whether these timeframes are 'reasonable'.
9. Queensland Health draws the Review Committee's attention to the operation of two quality assurance committees established under the *Health Services Act 1991* - the Queensland Paediatric Quality Council and the Queensland Maternal and Perinatal Quality Council. Responsibility for these committees was transferred from Queensland Health to the HQCC in 2006. Queensland Health notes that the Health Quality and Complaints Commissioner announced in January 2007 that the HQCC would review the role and function of the committees in light of a number of developments, including development of HQCC standards, the establishment of clinical networks, Queensland Health's patient safety agenda, and the legislative framework to support the conduct of root cause analysis.
10. Queensland Health notes and supports the HQCC's mediation role in the special processes to compensate patients of Bundaberg base hospital. The Review Committee is asked to consider whether the provisions of the Act relating to the functions and powers of the HQCC should expressly recognise the Commission's role in this process.
11. The Review Committee is also asked to consider whether HQCC reports under section 92 on the outcomes of investigations should be provided to the employers and registration body immediately to enable to take any necessary steps to implement the report.
12. Queensland Health has received a number of proposals for amendments to the Act from the HQCC. Queensland Health in consultation with the HQCC determined that the proposals raise issues which require further consideration and consultation. Queensland Health understands the HQCC will submit these proposals to the Review Committee for consideration.
13. The Review Committee is advised that, in consultation with other affected government agencies, Queensland Health has commenced a review of the 'rescue' provisions of the *Health Quality and Complaints Commission Act 2006* (ss 86(g), 129 and 133(4)-(5)), which were carried over from the *Health Rights Commission Act 1991*. These provisions enable the HQCC to investigate the use of premises for the reception, care or treatment of aged persons, persons with a mental or physical illness, persons with a disability or persons in receipt of pensions, allowances or benefits because of age, illness or disability section. They also empower an authorised person, under warrant, to make arrangements to secure the health and safety of such a person. The Queensland Health review will consider whether, in the context of other legislative provisions which safeguard the health and safety of vulnerable persons, the Commission's powers need be retained or amended. The Queensland Health review will be confined to these

matters and will not consider the provisions of the HQCC Act generally or the performance of the HQCC.

14. Finally, the Review Committee is asked to note that the relationship between the health profession registration bodies and the HQCC will need to be considered during development of the National Registration and Accreditation Scheme for health professionals, as agreed to by the Council of Australian Governments on 13 April 2007.

Should the Review require further information, Queensland Health's contact is Mr Anthony Reilly, Director, Special Project, Office of the Director General on telephone (07) 323 40536.

Yours sincerely

  
Uschi Schreiber  
Director-General  
7 / 8 / 07